

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

**IN RE NATIONAL PRESCRIPTION
OPIATE LITIGATION**

This document relates to:

All Cases

MDL No. 2804

Case No. 17-md-2804

Judge Dan Aaron Polster

**NOTICE ON BEHALF OF PLAINTIFF CITY OF MANCHESTER, NEW
HAMPSHIRE SUPPLEMENTING PLAINTIFFS' RENEWED AND AMENDED
MOTION FOR CERTIFICATION OF RULE 23(B)(3) CITIES/COUNTIES
NEGOTIATION CLASS**

Plaintiff, the City of Manchester, New Hampshire, one of the proposed Negotiation Class Representatives, hereby submits this notice, through its undersigned counsel, to supplement the Plaintiffs' renewed and amended motion for certification of Rule 23(b)(3) Cities/Counties Negotiation Class by providing details of the impact of the opioid epidemic on Manchester.

The City of Manchester, estimated population 112,525 as of 2018, is located in Hillsborough County in the southern part of the state; approximately twenty-six miles from the Massachusetts border, and is the largest city in New England, north of Boston. Incorporated in 1846, it has a proud immigrant history and was, for many years, a thriving mill town and home to the world's largest cotton mill. Manchester is a diverse community in which approximately twenty percent of the population speaks a language other than English at home.

The effects of the opioid crisis on this former mill town have been pervasive and devastating and will not be erased, if ever, until decades in the future.

In 2016 and 2017, although New Hampshire ranked 43rd in population in the United States, its opioid-related drug overdose death rate was 35.8 people per 100,000 population, the second-highest per capita opioid overdose death rate in the country, and three times the national average. By 2017,

New Hampshire ranked first in the country in Fentanyl-related deaths, marking a trend that now, unfortunately, has begun to consume other jurisdictions. The October 2016 summary in NDEWS New Hampshire Hot Spot Report—The Increase in Fentanyl Overdose states as follows:

The state has experienced a 152% increase in overall drug-caused deaths between 2010 and 2015. This includes a 168% increase in heroin deaths and a 1,629% increase in deaths due to fentanyl and fentanyl analogs. Hillsborough County, with 30% of the state population, has experienced a disproportional percentage of the drug deaths overall (37%), and of the state's heroin and fentanyl deaths, in particular (41%).

The intense effect of this longstanding crisis in New Hampshire has been widely-recognized and reported.

In a June 2017 article entitled, “New Hampshire: Ground Zero for Opioids” in U.S. News and World Report, the City of Manchester, the largest city in New Hampshire, was described as being **“at the heart of New Hampshire’s opioid epidemic.”** (emphasis added). In January 2017, President Trump characterized New Hampshire as “a drug-infested den.” When he visited Manchester in March 2018, the President visited the Safe Station program at the Central Fire Station in Manchester, and later acknowledged the depth and breadth of the opioid problem in New Hampshire: “I've been saying this for a long time, and it all started right here in New Hampshire, because I see what you're going through. About as bad as there is anywhere in the country... Every day, 116 Americans die from an opioid-related overdose. In New Hampshire, the overdose, really, death rate -- I mean, can you believe this? The death rate is double the national average. It's got difficulties like people wouldn't believe.”

As has occurred across the country, prescription opioids were the harbinger of Manchester’s the catastrophic overdose death rate. In 2006, according to the CDC, opioids were being prescribed in Hillsborough County at a rate of 71.71 prescriptions per 100 persons. That number would increase to 74.4 in 2007 and would not drop back to below the 2006 rate until years later, in 2014 (70.1).

According to the New Hampshire Prescription Drug Monitoring Initiative (PDMP), in June 2016,

4.9 million opioid tablets were prescribed to New Hampshire residents (that is 10 pills per a household in a single month).

In 2016, the City of Manchester, alone, accounted for about 25% of the Naloxone administrations in New Hampshire as well as 25% of the suspected opioid-related deaths in New Hampshire, while only accounting for about 8% of the population of the state. The State's Drug Monitoring Initiative (DMI) collects data which describes the effects of the crisis in New Hampshire. According to the 2018 DMI Overview (which incorporates available data for 2018, pending completion of autopsy toxicology results), in New Hampshire, there were 36.35 overdoses per 100,000 population in 2017, and a projected rate of 33.52 in 2018. In Hillsborough County, the 2017 death rate per 10,000 population was 4.78 (47.8 overdose deaths per 100,000). Manchester has consistently experienced the largest death rate of any New Hampshire jurisdiction over the last six years: 68 fatal overdoses in 2013; 106 fatal overdoses in 2014 (an increase of almost 56% over the prior year); 178 fatal overdoses in 2015 (an increase of nearly 68% over the prior year); 199 fatal overdoses in 2016 (an increase of almost 12% over the prior year); and 195 fatal overdoses in 2017 (representing a 186.8% increase over the 2013 overdose death rate).

In May 2016, Manchester created the first-in-the-Nation Safe Station program through the Manchester Fire Department. This locally-created and innovative Manchester program has reached far beyond Manchester to serve people in need of substance abuse care and treatment more than a hundred other communities, and from as far away as Hartford, Connecticut and Portland, Maine. In September 2018, the Center for Technology and Behavioral Health at Dartmouth College conducted a study regarding Manchester's Safe Station and found that it is "a prime example of a novel community-based response to the opioid crisis in NH." According to Manchester's EMS provider, AMR, since its inception, the Manchester Safe Station program has handled 5,771 walk-in visits. During this same period, AMR recorded 3,401 drug overdoses in Manchester.

Narcan use in Manchester increased from 1,892 incidents in 2014, to 2,895 incidents in 2016. In 2015, 1,650 mg of Narcan was administered in Manchester which increased to 2,745 mg in 2017. From 2015 through February 8, 2019, 9,126 mg of Narcan had been administered in Manchester. With respect to Hillsborough County, the DMI reports Narcan administration per 10,000 in population, as follows: 269 mg in 2012; 399 mg in 2013; 757 mg in 2014; 1,139 mg in 2015; 1,209 mg in 2016; 1,140 mg in 2017; and 1,045 mg, to date, in 2018.

New Hampshire has also been affected by the prevalence of Neonatal Abstinence Syndrome (NAS), which poses significant challenges for prevention and treatment, and imposes significant and costly future consequences for our state. NAS occurs when a newborn experiences withdrawal symptoms after birth as a result of drug exposure before birth. Symptoms can include problems feeding, overly toned muscles, irritability, watery stools, seizures, tremors and breathing problems. According to a 2017 study done by the Carsey School of Public Policy in 2017, the rate of NAS in New Hampshire has increased fivefold in the ten year period from 2005 to 2015: 269 New Hampshire infants were diagnosed with NAS in 2015, compared with 52 in 2005. During the period from 2000 to 2012, the United States rate of NAS rose from 1.2 per 1,000 hospital births to 5.8 per 1,000. By 2015, the New Hampshire rate of NAS births per 1,000 live hospital births was 24.4, approximately four times the national rate, meaning that 2.4% of live New Hampshire births were diagnosed with NAS in 2015.

In addition to experiencing high rates of substance misuse and the concomitant and long-lasting health consequences, the economic impact of the opioid crisis has been devastating. A 2017 report titled, *Substance Misuse in New Hampshire: An Update on Costs to the State's Economy and Initial Impacts of Public Policies to Reduce Them*, (Report), shows that the annual cost of substance abuse in New Hampshire is \$2.36 billion (which does not include the \$604.6 million in costs related to premature deaths). According to the Report, that constitutes \$1,780 for every individual in the State. Based

upon those numbers alone, the **annual economic impact** of substance abuse in Manchester is estimated to be approximately \$200 million.

The Report notes that in 2014, New Hampshire also lost approximately \$212 million in total productivity due to drug-related substance abuse. According to the Manchester overdose data provided by AMR, Manchester in 2018 unofficially recorded 364 overdose deaths.

According to the U.S. Bureau of Labor Statistics, New Hampshire has an average civilian labor force of 761,627.8 for 2018. If the lost productivity numbers were to remain the same as they were for 2014, this would mean that the State for each Bureau of Labor Statistics civilian labor force member loses approx. \$278.35 annually due to drug-related substance abuse.

According to the U.S. Bureau of Labor Statistics, Manchester Metropolitan NECTA¹ has an average civilian labor force of 120,110 in 2018. Using the same assumptions and average loss per an individual civilian labor force member above, this would mean that Manchester Metropolitan NECTA alone loses approximately \$33,432,618.50 in work productivity each year due to drug – related substance abuse. Applying these same assumptions, Manchester has spent at least \$3.02 million on these approaches to combatting the opioid crisis. These numbers undoubtedly underestimate the true costs as they are based on population figures and assumptions, and not a specific, in-depth accounting.

In May 2018, the New England Public Policy Center for the Federal Reserve Bank of Boston issued a report titled, *The Fiscal Impact of the Opioid Crisis in the New England States*, which indicated that New Hampshire has spent approximately \$7.159 million in criminal justice expenses combatting the opioid crisis. Based upon incomplete data, the FRBB found that New Hampshire has spent a total of approximately \$37 million on criminal justice, treatment, and medical expenses dealing with the

¹ See <https://censusreporter.org/profiles/35000US74950-manchester-nh-metropolitan-necta/>.

Opioid Crisis while the Manchester Metropolitan NECTA has been losing \$33,042,402.67 annually in civilian work force productivity.

The City of Manchester has worked hard to address this public health crisis and has brought together providers across healthcare, health promotion, prevention, intervention, treatment and recovery. The City has also engaged in vigorous law enforcement efforts, including Operation Granite Hammer, Project Safe Neighborhoods and DEA 360, and with state and federal law enforcement partners, to prosecute drug traffickers. Nevertheless, despite these efforts, the City continues to suffer experience vast, unmet needs, even as it is viewed as a statewide resource for care and treatment. The City lacks both permanent supportive housing, and sufficient safe and affordable sober living and recovery housing; there is a serious shortage of developmentally-appropriate treatment and recovery support services for youth and young adults, and of culturally competent care; stigma, costs, insurance and long waits impose barriers to care; there is a need for more specialized substance misuse disorder treatment for specific populations including women and those with co-occurring illnesses; and there is significant difficulty in filling open care and treatment positions with qualified applicants.

Dated: August 6, 2019

Respectfully submitted,

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